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APPLICANTS

Joel Q. Xue, Germantown, WI;

G. Ian Rowlandson, Milwaukee, WI;
David Albert, Oklahoma City, OK;

** CONTINUING DATA *****

none — AP

** FOREIGN APPLICATIONS *****

none — AP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>AP</i>	WI	4	20	3

ADDRESS

Joseph D. Kuborn
 Andrus, Scales, Starke & Sawall, LLP
 Suite 1100
 100 East Wisconsin Avenue
 Milwaukee, WI
 53202-4178

TITLE

Method and apparatus for detecting cardiac repolarization abnormality

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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